

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Pennsylvania

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment.

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item 2 of this attachment (see 3, below).
2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in items 2 and 3 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item of this attachment (see 3, above).

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QMBs: Part A SP Deductibles SP Coinsurance

Part B SP Deductibles SP Coinsurance

Other Part A SP Deductibles SP Coinsurance

Medicaid

Recipients

Part B SP Deductibles SP Coinsurance

Dual Part A SP Deductibles SP Coinsurance

Eligible

(QMB Plus)

Part B SP Deductibles SP Coinsurance

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Medical Assistance pays for the unsatisfied portion of the deductible and any allowable coinsurance [Medicare cost-sharing amounts] for Medicare Part A and Part B services provided to Qualified Medicare Beneficiaries subject to the following:

1. For services that are covered by this State Plan (except those services specified in Item 3 below), Medical Assistance will pay Medicare cost-sharing amounts if the payment made by the Medicare Program for the service is less than the applicable Medical Assistance fee or payment (as determined and limited in accordance with the provisions of this plan and implementing Department regulations) for that service. If the Medicare payment for a service is less than the Medical Assistance fee or payment for that service, Medical Assistance will pay Medicare cost-sharing amounts to the extent that the Medicare payment and the Medical Assistance payment for the cost-sharing amounts combined do not exceed the applicable Medical Assistance fee or payment (as determined and limited in accordance with the provisions of this plan and implementing Department regulations) for the service. Medical Assistance will not pay Medicare cost-sharing amounts related to any service to the extent that the payment made under the Medicare Program for the service exceeds the applicable Medical Assistance fee or payment.
2. For specific Medicare services which are not otherwise covered by this State Plan, Medical Assistance will pay Medicare cost-sharing amounts to the extent that the payment made under Medicare and the Medical Assistance payment for the cost-sharing amounts combined do not exceed 80% of the Medicare approved amount.
3. For services provided by a Medicare-certified skilled nursing facility that is not an enrolled Medical Assistance nursing facility provider, Medical Assistance will pay Medicare cost-sharing amounts if the payment made by Medicare for the services does not exceed a maximum payment rate equal to the average rate, effective as of July 1 of the state fiscal year in which the services are rendered, for the peer group in which the facility would be classified if the facility was a Medical Assistance enrolled nursing facility provider. If the Medicare payment for a service is less than the maximum payment rate, Medical Assistance will pay Medicare cost-sharing amounts to the extent that the Medicare payment and the Medical Assistance payment for the cost-sharing amounts combined do not exceed the maximum payment rate.

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Not applicable.

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